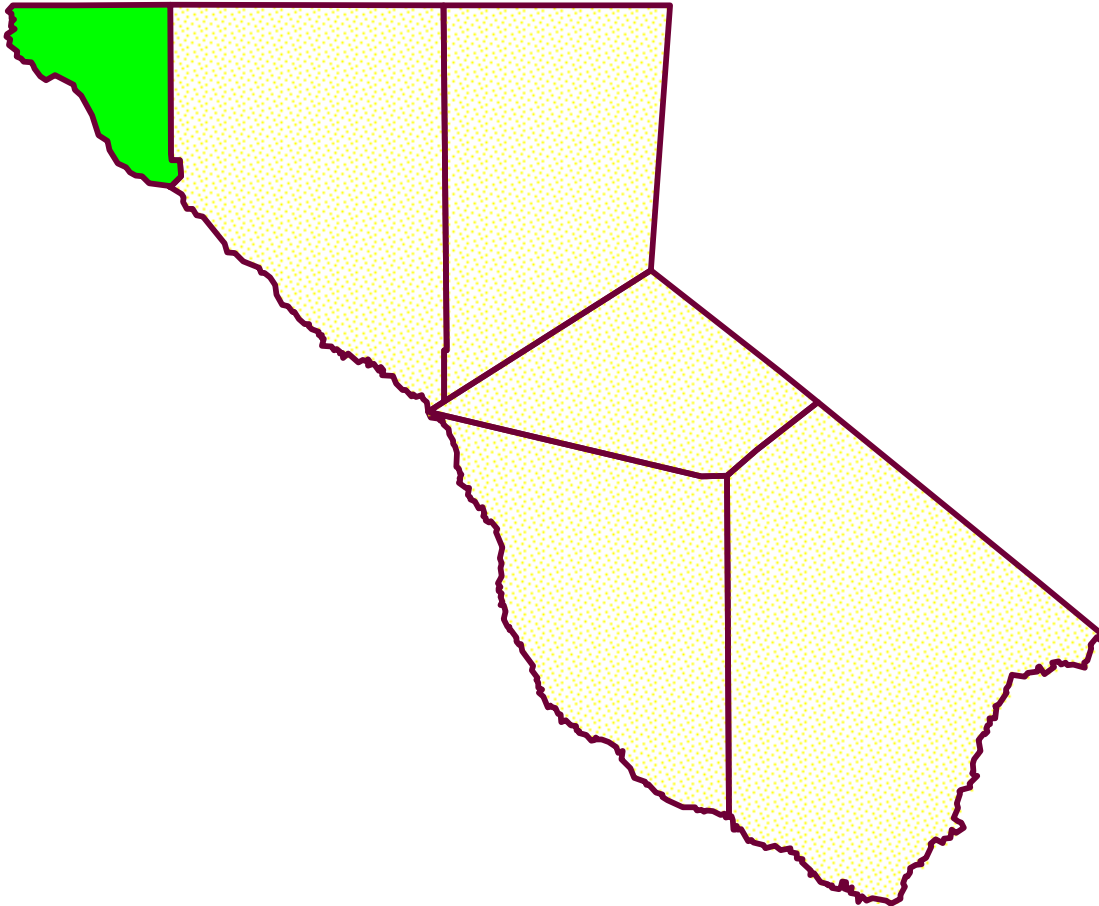# West Texas Region

HIV Epidemic Profile

Produced by the
Research & Program Evaluation Branch
Bureau of HIV and STD Prevention
Texas Department of Health

TDH
TEXAS DEPARTMENT OF HEALTH

West Texas HIV Epidemic Profile

Your planning region:

High Morbidity Analysis Zone (HMAZ): El Paso County, with a total population in 2000 of 775,004.

Low Morbidity Analysis Zone (LMAZ): Brewster, Culberson, Hudspeth, Jeff Davis, and Presidio Counties. The total population in 2000 in these counties is 29,589.

Morbidity Ranking for West Texas

We estimated the case rates for each of the subpopulations seen below in Table 1 for each of the following "morbidity" indicators: AIDS cases reported in 1998,
- the number of living AIDS cases as of October 19, 1999,
- HIV cases reported in 1999,
- CTS positives reported in 1998
- STD cases reported in 1998

These rates were then translated into scores: the higher the rate, the higher the morbidity score. The morbidity scores were then added together to make up a "Total Morbidity" score. (See Appendix 1 for details on how the scores were calculated). These morbidity scores are shown in Table 1 below.

Table 1

| | | Analysis Zone | | | |
| | | El Paso County | | LMAZ 6 | |
BDTP	Race/Ethnicity	Total Morbidity	Rank	Total Morbidity	Rank
M/MS	Hispanic	36	1	2	4
IDU men	African American	36	1	0	11
F/MS women	African American	25	3	0	11
M/MS	African American	24	4	0	11
M/MS	white	22	5	8	2
IDU men	Hispanic	20	6	2	4
IDU women	African American	20	6	0	11
IDU men	white	18	8	1	7
IDU women	Hispanic	18	8	6	3
F/MS women	Hispanic	16	10	11	1
IDU women	white	15	11	1	7
F/MS men	Hispanic	14	12	2	4
F/MS men	African American	13	13	0	11
F/MS women	white	8	14	1	7
F/MS men	white	7	15	1	7

In general…
- For all groups, the morbidity scores for men and women in the HMAZ (El Paso County) are much higher than the scores in the outlying counties.

- It is difficult to break all of the risk populations down by race/ethnicity and keep stable disease and risk indicators due to the size of the populations. However, keep in mind that when racial/ethnic groups are pulled together, M/MS show greater evidence of disease than do IDU, who show higher rates of disease than

F/MS groups. In summary, the MMS groups tend to hover at the top of the ranking, with most of the FMS subpopulations towards the bottom.

- It is especially difficult to interpret the rates for the African American subpopulations in this planning area due to the small size of this population – more details below. However, some evidence suggests that there may be a great potential burden of disease in this small population.

More specifically…
- The morbidity score for the M/MS Hispanic subpopulation is solid and high across all indicators. For these indicators, this is the group with the greatest burden of disease in the planning area.

- Although the African American male IDU morbidity score is identical to the M/MS Hispanic score, it is based on small numbers of cases in a very small risk subpopulation, which means it is unstable (it could pop up or down next year). But while the disease indicators are somewhat erratic for this group, they do report some very risky behaviors – 80% report sharing needles (see detailed information in the section that follows). While we would like to be more definitive, the small size of the subpopulation will always make this group difficult to discuss epidemilologically. It is clear that there is epi evidence to support targeting, but we suggest that this group receive focus during the needs assessment process to give the CPG more information on the priority and needs of this group.

- There is a second cluster of morbidity scores in the HMAZ made up of African American female F/MS risks and African American M/MS. The same cautions about small populations applies here—the rates are high, but may be unstable. Again, attention to these African American risk populations during needs assessment will be necessary to help the CPG make decisions.

- There is a third cluster of subpopulations: M/MS white, Hispanic IDU, and white male IDU. The rates for the Hispanic male IDU appear solid and moderately high. The rates for the other groups in this cluster are less stable, but still show convincing evidence of disease that should be addressed.

- While the total morbidity score for African American female IDU are similar to the scores in the cluster listed above, this is based solely on a high rate of living AIDS cases in this group – there is not evidence of more recent infections. But living AIDS cases coupled with high rates of sharing make this a population worth considering as the CPG makes priority decisions.

- The next set of morbidity scores belong to Hispanic F/MS, white female IDU, and African American male F/MS. These are moderate scores – these groups should be targeted. Needs assessment and consideration of risk data below will suggest the best interventions.

- The final grouping consists of white F/MS – low absolute morbidity indicators, but a relatively small population. There is still some evidence of HIV disease, but the levels are not as high as other groups.

- **But take note – the rates of reported HIV infections for female F/MS of all race ethnicities were higher than the rates for their male counterparts!**

Risk Ranking for East Texas

The information in the table below comes from 1999 PCPE information.

The scores in the table below were based on information from clients in the different subpopulations that received PCPE services in 1999. The scores are based on the percent of clients in each of the subpopulations who reported the following risks:
- "Almost never" using barriers with anal, vaginal or oral sex
- History of STD
- Multiple sex and/or needle sharing partners
- Trading sex
- Substance use with sex
- Sharing needles
- Sex or needle sharing partner at risk for HIV
- Sex or needle sharing partner with multiple partners

The highest scores will be seen for the subpopulations where a large percentage of the clients reported multiple risks. Appendix 2 has detailed information about the risk scores for each subpopulation.

Table 2

| | | Analysis Zone | | | |
| | | El Paso County | | LMAZ 6 | |
BDTP	Race/Ethnicity	Risk	Rank	Risk	Rank
IDU men	Hispanic	62	1	0	2
IDU women	Hispanic	62	1	0	2
IDU men	African American	60	3	0	2
IDU men	white	59	4	0	2
IDU women	white	51	5	0	2
F/MS men	African American	43	6	0	2
F/MS women	Hispanic	39	7	0	2
F/MS men	Hispanic	39	7	0	2
F/MS women	African American	38	9	0	2
M/MS	Hispanic	36	10	0	2
F/MS women	white	36	10	0	2
F/MS men	white	35	12	0	2
M/MS	white	30	13	9	1
M/MS	African American	21	14	0	2
IDU women	African American	0	15	0	2

*values and ranks in yellow do not have data on some risk behaviors, and thus may rank lower.
**values and ranks in orange are missing information on risks for this sub-population.

- There is not enough evidence to rank the risks of subpopulations in the LMAZ. All the statements below apply to populations in El Paso County.

- The top five sub-populations in terms of risk are all IDU. These sub-populations would still be the top five even if sharing injection equipment/works is not considered in risk ranking. Risk categories that elevate IDU in West Texas are multiple partners, partner risk, and involvement in sex trade.

- All three M/MS sub-populations rank in the bottom five sub-populations in terms of risk behavior. Risk categories that contribute to the reduced risk in these sub-populations are barrier use with anal sex and substance use during sex. The low risk values in these categories indicate successful prevention efforts in these communities.

- In IDU and F/MS sub-populations, men and women have similar risk scores within each racial/ethnic category.

YOU CAN FIND MORE DETAILED INFORMATION ON RISK POPULATIONS IN THE SECTIONS THAT FOLLOW.